

CLAIMS ONLY						Application Number 10/660565	Filing Date
						Applicant(s)	
						* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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50							
Total Indep			5		5		
Total Depend			45		45		
Total Claims			50		50		